



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-5

Arif Toor, MD, Treasurer  
Pakistani Physicians Public Affairs  
Committee  
981 East Street  
Middletown, CT 06547

FEB 20 1997

Identification Number: C00238204

Reference: October Quarterly Report (7/1/96-9/30/96)

Dear Dr. Toor:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) from an organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. §§441a(f) and 441b or 11 CFR §102.5(b). Under 11 CFR §102.5(b), organizations which are not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under the Act, or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. To the extent that your committee has received impermissible funds, the Commission recommends that you transfer the impermissible funds to an account not used to influence federal elections or refund the impermissible amount(s) to the

donor(s) in accordance with 11 CFR §103.3(b). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Neil Evans  
Reports Analyst  
Reports Analysis Division

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

PAKISTANI AMERICAN PHYSICIANS Public Affairs Committee

A. Full Name, Mailing Address and ZIP Code APPAR 4701 TUNNEY CENTER #303 SAGINAW MI 48603	Name of Employer  Occupation	Date (month, day, year) 8-3-96	Amount of Each Receipt this Period 340.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAF PAC	Aggregate Year-to-Date > \$ 340.00		
B. Full Name, Mailing Address and ZIP Code MUHAMMAD MUSTAQ 2557 TRUE BLENUE DANVILLE IL 61832	Name of Employer Self Employed Occupation Physician	Date (month, day, year) 8-3-96	Amount of Each Receipt this Period 85.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAF PAC	Aggregate Year-to-Date > \$ 285.00		
C. Full Name, Mailing Address and ZIP Code MUHAMMAD M. HAQUE MD 113-4 JEWEL AVENUE QUEENS NY 11375	Name of Employer Self Employed Occupation Physician	Date (month, day, year) 8-5-96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAF PAC	Aggregate Year-to-Date > \$ 600.00		
D. Full Name, Mailing Address and ZIP Code ANIF MUSLIM, MD 454 RIVER ROAD NEWBURGH NY 10950	Name of Employer Self Employed Occupation Physician	Date (month, day, year) 9-1-96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAF PAC	Aggregate Year-to-Date > \$ 1,100.00		
E. Full Name, Mailing Address and ZIP Code MUHAMMAD HAQUE, MD 113-4 JEWEL AVE QUEENS NY 11375	Name of Employer Self Employed Occupation Physician	Date (month, day, year) 8-3-96	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAF PAC	Aggregate Year-to-Date > \$ 600.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional)			2025.00
TOTAL This Period (last page this line number only)			10,030.00

